



Tax Reporting – Template Form

[to be printed on agency letterhead]

Name of Individual: _____

Employer: _____

Occupational Tax Not Withheld: _____ *(tax authority name)*

For Tax Year: _____

First Quarter (January 1-March 31):

Earnings subject to tax: _____

Tax due on earnings: _____

Second Quarter (January 1-March 31):

Earnings subject to tax: _____

Tax due on earnings: _____

Third Quarter (January 1-March 31):

Earnings subject to tax: _____

Tax due on earnings: _____

Fourth Quarter (January 1-March 31):

Earnings subject to tax: _____

Tax due on earnings: _____

TOTAL AMOUNT ENCLOSED: _____

I hereby certify that the information and statements contained herein is true and correct.

Signed: _____ *(agency representative)* Date: _____

Please mail this form and all payments to:
(list tax authority contact information)

If you have any questions, please contact *(Agency HR office contact information).*